Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	
	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
AFL-CIO	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW	08 23 2014 Amount
	Amount
City State Zip Code	8.95
Washington DC 20006	Transaction ID: D534303 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets  Category/ Type 004	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Gary Peters Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
UFCW Int'l Union Working Families Advocacy Project	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1775 K Street, NW	08 23 2014
Tro Nonce, IVV	Amount
City State Zip Code	103.16
Washington DC 20006-1598	Transaction ID : D534314 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	08 / 23 / 2014
Name of Federal Candidate Support Office	e Sought: House District:
Gary Peters    Support   Office	President Senate State: MI
	ursement For: Primary X General
Per Election for Office Sought 10664.26	
(a) SUBTOTAL of Itemized Independent Expenditures	112.11
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler  [Electronically Filed] Date 0	9 17 2014
Signature [Electronically Filea] Date 0	9 17 2014

Schedule E)	nE3	PAGE 2 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report	Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee	Date o	f Public Distribution/Dissemination
AFT Michigan General Fund		08 23 2014
Mailing Address 2342 Industrial St.	Amour	nt
City State Zip	Code	108.20
Grayling MI 497		action ID : D534332 f Disbursement or Obligation
Purpose of Expenditure InKind Staff  Ca	tegory/	08 23 2014
Name of Federal Candidate	X Support Office Sought	: House District:
Gary Peters	Oppose Preside	nt Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee	Date of	of Public Distribution/Dissemination
AFL-CIO		08
Mailing Address 815 - 16th Street, NW	Amour	nt
City State Zip	Code	1.79
Washington DC 200		ction ID : D534308 If Disbursement or Obligation
Purpose of Expenditure Walk Packets  Ca		08 24 2014
Name of Federal Candidate	X Support Office Sought	: House District:
Gary Peters	Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought	0664.26 Disbursement 2014 Ot	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures		109.99
		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically] Signature	Filed] Date 09	17 2014
Gignature		

Schedule E)				PAGE 3 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	New rep	port Amends repo		= M / D = D / Y = Y = Y = Y
Full Name of Payee UFCW Int'l Union Working Families	Advocacy	Project		of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			Amou	08 24 2014 nt
City	State	Zip Code		27.24
Washington	DC	20006-1598		action ID : D534320 of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		08 24 7 2014
Name of Federal Candidate		Support	Office Sough	it: House District:
Gary Peters		Oppose	Preside	ent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	T 1 T	10664.26	Disbursemen 2014 O	ther (specify) ▶
Full Name of Payee AFL-CIO				of Public Distribution/Dissemination
Mailing Address 815 - 16th Street, NW			Amou	08 25 2014 unt
City	State	Zip Code	— r	2.70
Washington	DC	20006		action ID : D534297 of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004		08 / 25 / 2014
Name of Federal Candidate		X Support	Office Sough	nt: House District:
Gary Peters		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, ,	10664.26	Disbursemer 2014 C	nt For:
(a) SUBTOTAL of Itemized Independent Expenditure	es			29.94
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
(c) TOTAL Independent Expenditures			· [	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ite or authorize			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	9 09	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)		DITORIES	PAGE 4 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New New	report Amends repo	t filed on M M / D D / Y Y Y Y Y
Full Name of Payee UFCW Int'l Union Working Famil	ies Advocad	cy Project	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			08 25 2014  Amount
City	State	Zip Code	155.42
Washington	DC	20006-1598	Transaction ID : D534318  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	08 / 25 / 2014
Name of Federal Candidate		X Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10664.26	Disbursement For:  Primary  General 2014  Gher (specify) ▶
Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination
Mailing Address 815 - 16th Street, NW			08 26 2014 Amount
City	State	Zip Code	1.80
Washington	DC	20006	Transaction ID : D534737  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	08 26 2014
Name of Federal Candidate		X Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	-	10664.26	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendent	litures		157.22
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ididate or authori		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Elect	ronically Filed] Date	09 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)		ZIVI ZXI ZIVD	II OILEO		PAGE 5 OF 42 FOR SE OF FORM 24/48
	IMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' \	/oice				C C00484287
					/ M / D D / Y Y Y Y
Check if24	1-hour report X 48-hour report	New rep	port Amends repo	ort filed on	
Full Name of UFCW	<sup>of Payee</sup> Int'l Union Working Fami	lies Advocacy	Project		of Public Distribution/Dissemination  08
Mailing Add	ress 1775 K Street, NW			Amou	
City		State	Zip Code	— r	186.88
Washington	n	DC	20006-1598		saction ID : D534744 of Disbursement or Obligation
Purpose of InKind Staff			Category/ Type 001		08 26 2014
Name of Fe	deral Candidate		Support	Office Sough	nt: House District:
Gary Peters	3		Oppose	Presid	ent Senate State: MI
	ar Year-To-Date ection for Office Sought		10664.26	Disbursemer 2014	nt For:
Full Name of				Date	of Public Distribution/Dissemination
AFL-CIC	)				08 27 2014
Mailing Add	ress 815 - 16th Street, NW				
				Amoi	unt
City		State	Zip Code		1.79
Washingtor		DC	20006		action ID : D534943 of Disbursement or Obligation
Purpose of Walk Packe	Expenditure ets		Category/ Type 004	] [	08 / 27 / 2014
Name of Fe	ederal Candidate		X Support	Office Soug	ht: House District:
Gary Peters	3		Oppose	Presid	lent Senate State: MI
	lar Year-To-Date ection for Office Sought	.,,	10664.26	Disbursement 2014	nt For: Primary
*					
(a) SUBTOTA	AL of Itemized Independent Expendent	ditures		. •	188.67
(b) SUBTOTA	AL of Unitemized Independent Exp	enditures		· •	7 1 7 1 7
(c) TOTAL In	ndependent Expenditures			· [	7 7 7
with, or at the		ndidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
	Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	e 09	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

Schedule E)	PAGE 6 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report Ne	w report Amends report filed on Amends report
Full Name of Payee UFCW Int'l Union Working Families Advoc	M - M / B - B / I - I - I - I
Mailing Address 1775 K Street, NW	08 27 2014 Amount
City State	Zip Code 171.15
Washington DC	Zip Code 171.15  20006-1598 Transaction ID : D534951 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001 08 27 2014
Name of Federal Candidate	Support Office Sought: House District:
Gary Peters	Oppose President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Retail, Wholesale and Department Store Unio	W - W / D - D / I - I - I - I
Mailing Address 30 E29th St.	08 28 2014 Amount
City State	Zip Code 64.32
New York NY	10016 Transaction ID : D535031 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001 08 28 2014
Name of Federal Candidate	Support Office Sought: House District:
Gary Peters	Oppose President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	235.47
(b) SUBTOTAL of Unitemized Independent Expenditures	<b></b>
(c) TOTAL Independent Expenditures	
	litures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political
	ectronically Filed] Date 09 17 2014
Signature	

Schedule E)	FAGE 7 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report	New report Amends report filed on Amends report
Full Name of Payee UFCW Int'l Union Working Families Advo	Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  08 / 28 / 2014
Mailing Address 1775 K Street, NW	Amount
City State	Zip Code 72.03
Washington DC	20006-1598 Transaction ID : D535038 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001 08 28 2014
Name of Federal Candidate	Support Office Sought: House District:
Gary Peters	Oppose President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Michigan State AFL-CIO General Fund	Date of Public Distribution/Dissemination
Moiling Address	08 02 2014
Mailing Address 419 Washington Square, S. #200	Amount
City State	Zip Code 5.00
Lansing MI	48933 Transaction ID : D533241 Date of Disbursement or Obligation
Purpose of Expenditure Reimburse Flier Printing Costs	Category/ Type 004 08 / 29 / Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District:
Gary Peters	Oppose President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	77.03
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
	[Electronically Filed] Date 09 17 2014
Signature	

Sche	edule E)	IXI LIVE	TOTILO			PAGE 8 FOR SE OF F	OF 42	
	OF COMMITTEE (In Full)					NTIFICATION		
Woı	rkers' Voice					00484287		
Check	if 24-hour report X 48-hour report	New repo	ort Amends rep	ort filed o	n M M /	D	Y	Y
Fu	Name of Payee Retail, Wholesale and Department Sto	re Unior	1	I	Date of Public	D D /	Y   Y   Y	
Ma	ailing Address 30 E29th St.				08 Amount	29	2014	_
Ci	ty Ste	ate	Zip Code				64.3	2
N	ew York N	lΥ	10016		Transaction ID Date of Disburs		ligation	_
	rpose of Expenditure Kind Staff		Category/ Type 001	_	M M /	29	2014	Y
Na	ame of Federal Candidate		Support	Office S	Sought:	House D	strict:	
G	ary Peters		Oppose	F	President X	Senate	State: M	<u> </u>
	Calendar Year-To-Date Per Election for Office Sought		10664.26	Disburs 2014	ement For:	Primary	X Gene	eral
L	ull Name of Payee JFCW Int'l Union Working Families Advo ailing Address 1775 K Street, NW	cacy Pro	ject		Date of Public  08  Amount	Distribution/D	isseminatio	
Ci	ty Sta	ate	Zip Code				155.42	
٧	Vashington E	OC	20006-1598		ransaction ID : Date of Disburs		ligation	_
	urpose of Expenditure nKind Staff		Category/ Type 001		08	29	2014	Y
Na	ame of Federal Candidate		X Support	Office S	Sought:	House D	istrict:	
G	ary Peters		Oppose	F	President X	Senate	State: M	<u> </u>
	Calendar Year-To-Date Per Election for Office Sought		10664.26	Disburs 2014	sement For:	Primary cify) ►	X Gen	eral
(a)	SUBTOTAL of Itemized Independent Expenditures			··· • [			219.74	
(b)	SUBTOTAL of Unitemized Independent Expenditures			··· •	1 1 4			
(c)	TOTAL Independent Expenditures			···· •			1 2	
with	der penalty of perjury I certify that the independent e a, or at the request or suggestion of, any candidate of ty committee) any political party committee or its ager	r authorized						
-	Ms. Elizabeth H Shuler Signature	[Electroni	ically Filed] Dat	te 09	/ 17	2014	Y	
	- <del>y</del>							

Schedule E)	JENT EXTEN	DITORILO	PAGE 9 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New r	eport Amends repo	rt filed on
Full Name of Payee AFT Solidarity 527			Date of Public Distribution/Dissemination
•			08 / 29 / 2014
Mailing Address 555 New Jersey Ave. N.W.			Amount
City	State	Zip Code	56.15
Washington	DC	20001	Transaction ID : D535151  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	08 / 29 / 2014
Name of Federal Candidate		Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10664.26	Disbursement For:  Primary  General 2014  General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			08 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	12.97
Washington	DC	20006	Transaction ID : D535160  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	08 / 29 / 2014
Name of Federal Candidate		X Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10664.26	Disbursement For: ☐ Primary ☐ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		69.12
//s) CURTOTAL of Unitervised Independent Fun	a a salikuwa a		
(b) SUBTOTAL of Unitermized Independent Exp	penditures		
(c) TOTAL Independent Expenditures			
	indidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electr	onically Filed] Date	09 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>3</b>			

Schedule E)	IVI EXI EIVI	DITORLO	PAGE 10 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			09 01 7 2014
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	272.36
Washington	DC	20006	Transaction ID : D535627  Date of Disbursement or Obligation
Purpose of Expenditure Placards		Category/ Type 004	09 / 01 / 2014
Name of Federal Candidate		X Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10664.26	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			09 / 02 / 2014
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	2.91
Washington	DC	20006	Transaction ID : D535654  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09 / 02 / 2014
Name of Federal Candidate		X Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10664.26	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 275.27
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	idate or authoriz		
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	09 17 2014
Olynatul <del>C</del>			

Schedul	le E)	I EXI EIID			PAG FOR	GE 11 OF 42 R SE OF FORM 24/48
	COMMITTEE (In Full)				<u> </u>	IFICATION NUMBER ▼
Worke	rs' Voice				C C004	84287
					/ M / D	D / Y Y Y Y
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on		
Full Na	ame of Payee Γ Solidarity 527					ribution/Dissemination
	•					02 / 2014
Walling	g Address 555 New Jersey Ave. N.W.			Amou	ınt	
City		State	Zip Code	$  $ $\Gamma$		50.65
Wash	ington	DC	20001		saction ID : D of Disbursem	535672 ent or Obligation
	se of Expenditure d Staff		Category/ Type 001		M M / D	02 / 2014
Name	of Federal Candidate		Support	Office Sough	nt: Ho	ouse District:
Gary I	Peters		Oppose	Presid	ent X Se	enate State: MI
	Calendar Year-To-Date Per Election for Office Sought	7	10664.26	Disbursemer 2014	nt For: Other (specify)	Primary General
	ame of Payee					tribution/Dissemination
UFCW Int'l Union Working Families Advocacy Project					02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing	g Address 1775 K Street, NW			Amou	ا لت	02 20
				Amoi	unı	
City		State	Zip Code	L	The ID DE	80.93
	nington	DC	20006-1598		action ID : D5 of Disbursem	ent or Obligation
	se of Expenditure d Staff		Category/ Type 001		09 /	02 / 2014
1	of Federal Candidate		X Support	Office Soug	ht: Ho	ouse District:
Gary	Peters		Oppose	Presid	lent X Se	enate State: MI
	Calendar Year-To-Date Per Election for Office Sought	, , ,	10664.26	Disbursement 2014	nt For:  Other (specify)	Primary
(a) SUI	BTOTAL of Itemized Independent Expenditure	∋s		· •	7	131.58
(b) SUI	BTOTAL of Unitemized Independent Expendit	tures		· ·		49-1-49-1
(c) TO	TAL Independent Expenditures			•	7	7
with, or	penalty of perjury I certify that the independent at the request or suggestion of, any candidate committee) any political party committee or its	ate or authorized				
	Ms. Elizabeth H Shuler	[Electron	cically Filed] Date	9 09	17 /	2014
Sign	nature					

Schedule E)	INDITIONEO	PAGE 12 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New	v report Amends report f	iled on O O O O
Full Name of Payee Retail, Wholesale and Department Store U	nion	Date of Public Distribution/Dissemination
Mailing Address 30 E29th St.		09 02 2014 Amount
City State	Zip Code	64.32
New York NY	10016	Transaction ID : D535687  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 02 / 9 2014
Name of Federal Candidate	Support O	ffice Sought: House District:
Gary Peters	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
AFL-CIO		09 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW		Amount
City State Washington DC	Zip Code 20006	8.06  Transaction ID : D535667  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	09 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District:
Gary Peters	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		isbursement For: ☐ Primary ☐ General 014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		72.38
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expendi with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
	ectronically Filed] Date	09 17 2014
Signature		

Scl	hedule E)		101120		PAGE 13 OF 42 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	orkers' Voice				C C00484287
Che	eck if 24-hour report X 48-hour report Ne	w repo	ort Amends repo	ort filed (	on M M / D D / Y Y Y Y
	Full Name of Payee UFCW Int'l Union Working Families Advoc	cacy	Project		Date of Public Distribution/Dissemination
ŀ	Mailing Address 1775 K Street, NW				09 03 2014 Amount
L					
1	City State Washington DC		Zip Code		54.48 Transaction ID : D535675
L			20006-1598		Date of Disbursement or Obligation
	Purpose of Expenditure InKind Staff		Category/ Type 001		09 / 03 / 2014
ı	Name of Federal Candidate		Support	Office	Sought: House District:
1	Gary Peters		Oppose		President State: MI
	Calendar Year-To-Date Per Election for Office Sought		10664.26	Disbur 2014	sement For: Primary General  Other (specify) ▶
ŀ	Full Name of Payee				Date of Public Distribution/Dissemination
1	AFT Michigan General Fund				M M / D D / Y Y Y Y
ŀ	Mailing Address 2342 Industrial St.				09 03 2014
1	2012 III Gaothai Ot.				Amount
ŀ	City State		Zip Code		108.20
	Grayling MI		49738		Transaction ID : D535684  Date of Disbursement or Obligation
	Purpose of Expenditure InKind Staff		Category/ Type 001		09 03 Y 2014
ľ	Name of Federal Candidate		X Support	Office	Sought: House District:
1	Gary Peters		Oppose		President State: MI
	Calendar Year-To-Date Per Election for Office Sought		10664.26	Disbui 2014	rsement For:
_					
(6	a) SUBTOTAL of Itemized Independent Expenditures			• •	162.68
(1	b) SUBTOTAL of Unitemized Independent Expenditures			. •	1 7 1 7 1 7
(0	c) TOTAL Independent Expenditures				
W	Under penalty of perjury I certify that the independent expending or at the request or suggestion of, any candidate or authoracty committee) any political party committee or its agent.				
		lectroni	ically Filed] Date	e 09	) 17 2014
	Signature				

Sc	chedule E)	151101120		PAGE 14 OF 42 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
W	/orkers' Voice			C C00484287
			_	
Che	eck if 24-hour report X 48-hour report New	report Amends rep	oort filed on	/ D D / Y Y Y Y Y
	Full Name of Payee Retail, Wholesale and Department Store Un	nion		of Public Distribution/Dissemination
ŀ	Mailing Address 30 E29th St.		Amou	09 03 2014
1	City State New York NY	Zip Code 10016	Trans	64.32 saction ID : D535689
		10016		of Disbursement or Obligation
	Purpose of Expenditure InKind Staff	Category/ Type 00	i	09 / 03 / 2014
ı	Name of Federal Candidate	Support	Office Sough	nt: House District:
1	Gary Peters	Oppose	Presid	ent Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought	10664.26	Disbursemer 2014	nt For:
ŀ	Full Name of Payee	,		of Public Distribution/Dissemination
1	Retail, Wholesale and Department Store Union		M = M / D = D / Y = Y = Y	
ı	Mailing Address 30 E29th St.		— L	09 04 2014
1	30 E2301 Ot.		Amou	unt
ŀ	City State	Zip Code	<u> П</u> Г.	64.32
	New York NY	10016		action ID: D535795 of Disbursement or Obligation
	Purpose of Expenditure InKind Staff	Category/ Type 001		09 / 04 / 2014
ľ	Name of Federal Candidate	X Support	Office Sough	ht: House District:
1	Gary Peters	Oppose	Presid	lent Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought	10664.26	Disbursemer 2014	nt For:
_				
(	(a) SUBTOTAL of Itemized Independent Expenditures		··· •	128.64
(	(b) SUBTOTAL of Unitemized Independent Expenditures		··· • [	7 1 7 1 7 1
(	(c) TOTAL Independent Expenditures			7
٧	Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authoriparty committee) any political party committee or its agent.			
	Ms. Elizabeth H Shuler [Elect	tronically Filed]	te 09	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			

Schedule E)	PAGE 15 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends in	report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
AFT Michigan General Fund	09 04 2014
Mailing Address 2342 Industrial St.	Amount
City State Zip Code	108.20
Grayling MI 49738	Transaction ID : D535796 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type	001 09 04 2014
Name of Federal Candidate Suppor	t Office Sought: House District:
Gary Peters Oppose	
Calendar Year-To-Date Per Election for Office Sought  10664.26	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
UFCW Int'l Union Working Families Advocacy Project	09
Mailing Address 1775 K Street, NW	Amount
City State Zip Code	22.23
Washington DC 20006-1598	Transaction ID : D535799  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type  0	001 09 04 2014
Name of Federal Candidate Suppor	rt Office Sought: House District:
Gary Peters Oppose	
Calendar Year-To-Date Per Election for Office Sought 10664.26	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	130.43
(b) SUBTOTAL of Unitemized Independent Expenditures	······ >
(c) TOTAL Independent Expenditures	······ <b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler	M = M / D = D / Y = Y = Y
[Electronically Filed] Signature	Date 09 17 2014

Schedule E)	ENT EXILI	DITORIES	PAGE 16 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	X New r	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
AFT Solidarity 527			09 04 2014
Mailing Address 555 New Jersey Ave. N.W.			Amount
City	State	Zip Code	30.10
Washington	DC	20001	Transaction ID : D535801  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 04 / 2014
Name of Federal Candidate		X Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10664.26	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			09 04 2014
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	8.96
Washington	DC	20006	Transaction ID : D535804  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09 / 04 / 2014
Name of Federal Candidate		X Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10664.26	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		39.06
(1) OUDTOTAL (11):	19		
(b) SUBTOTAL of Unitemized Independent Expenses	enditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ididate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electr	onically Filed] Date	09 17 2014
Olgriatule			

· · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report Ne	ew report Amends report filed on Amends report
Full Name of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION	DATE OF Public Distribution/Dissemination
	09 04 2014
Mailing Address 1325 Massachusetts Ave. NW	Amount
City State	Zip Code 63.46
Washington DC	20005 Transaction ID : D535819 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001 09 09 04 2014
Name of Federal Candidate	Support Office Sought: House District:
Gary Peters	Oppose President X Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Retail, Wholesale and Department Store Unio	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 30 E29th St.	Amount
City State	Zip Code 64.32
New York NY	10016 Transaction ID : D536401 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001 09 05 7 2014
Name of Federal Candidate	Support Office Sought: House District:
Gary Peters	Oppose President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	127.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
	ditures reported herein were not made in cooperation, consultation, or concert norized committee or agent of either, or (if the reporting entity is not a political
	lectronically Filed] Date 09 17 2014
Signature	

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OF

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Schedule E)	-X.	1120		PAGE 18 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
	7			- M / D - D / Y - Y - Y
	New report	Amends repor	rt filed on	
Full Name of Payee UFCW Int'l Union Working Families Ad	dvocacy Pro	oject	M	f Public Distribution/Dissemination  M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1775 K Street, NW			Amoun	
City Sta	ate Zip	Code	-	103.16
	·	006-1598		action ID : D536415 f Disbursement or Obligation
Purpose of Expenditure InKind Staff	Ca	ategory/ Type 001		09 05 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:
Gary Peters		Oppose	Preside	nt Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	1060	64.26	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee AFT Solidarity 527			Date o	of Public Distribution/Dissemination
Mailing Address				09 / 05 / 2014
555 New Jersey Ave. N.W.			Amour	nt
City	ate Zip	Code		20.55
	OC 20	001		ction ID : D536425 of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Ca	ategory/ Type 001	М	09 / 05 / Y Y Y Y
Name of Federal Candidate		X Support	Office Sought	: House District:
Gary Peters		Oppose	Preside	ent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10664.26	Disbursement 2014 Ot	t For:
(a) SURTOTAL of Itamized Independent Expanditures				122.74
(a) SUBTOTAL of Itemized Independent Expenditures			•	123.71
(b) SUBTOTAL of Unitemized Independent Expenditures			•	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	r authorized con			
Ms. Elizabeth H Shuler	[Electronically	v Filed] Date	M M / / 09	17 2014
Signature				

Sc	hedule E)	II EXI ENE	JITOTILO		PAGE 19 OF 42 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	/orkers' Voice				C C00484287
Che	eck if 24-hour report X 48-hour report	New re	port Amends repo		M / D D / Y Y Y Y Y
Т	Full Name of Payee			Date o	f Public Distribution/Dissemination
	AFL-CIO				09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 815 - 16th Street, NW			Amoun	t
ł	City	State	Zip Code	$-\Gamma$	15.22
	Washington	DC	20006		ction ID : D536437 f Disbursement or Obligation
	Purpose of Expenditure Walk Packets		Category/ Type 004	М	09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		Support	Office Sought	: House District:
	Gary Peters		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7	10664.26	Disbursement 2014 Ott	For: Primary X General her (specify) ►
ľ	Full Name of Payee			Date o	f Public Distribution/Dissemination
	NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITI	CAL ACTION COMM	MITTEE (AKA NATCA PAC)		09 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1325 Massachusetts Ave. NW			Amour	nt
ľ	City	State	Zip Code		63.46
	Washington	DC	20005		ction ID : D536393 f Disbursement or Obligation
	Purpose of Expenditure InKind Staff		Category/ Type 001		09 / D D / Y Y Y Y Y Y Y Y
١	Name of Federal Candidate		X Support	Office Sought	: House District:
	Gary Peters		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7	10664.26	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditure	05			78.68
,	(a) SOBIOTAL OF REMIZED INDEPENDENT EXPENDITURE	<del></del>			70.00
	(b) SUBTOTAL of Unitemized Independent Expendi	tures		•	7 1 7 1 7
(	(c) TOTAL Independent Expenditures			· •	7 7
١	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidates carty committee) any political party committee or its	ate or authorize			
	Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	e 09	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report	ort filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Retail, Wholesale and Department Store Union	09
Mailing Address 30 E29th St.	Amount
City State Zip Code	64.32
New York NY 10016	Transaction ID : D536404  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type  001	09 / 06 / 2014
Name of Federal Candidate Support	Office Sought: House District:
Gary Peters Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
UFCW Int'l Únion Working Families Advocacy Project	09 06 2014
Mailing Address 1775 K Street, NW	Amount
City State Zip Code	117.40
Washington DC 20006-1598	Transaction ID : D536420  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / 06 / 2014
Name of Federal Candidate Support	Office Sought: House District:
Gary Peters Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought  10664.26	Disbursement For:  Primary  General 2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 181.72
(b) SUBTOTAL of Unitemized Independent Expenditures	· •
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	9 09 17 2014
Signature	

PAGE

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OF

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Schedule E)	EXI ENDI	TOTILO		PAGE 21 FOR SE OF	OF 42 FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION	
Workers' Voice				C C00484287	
Check if 24-hour report X 48-hour report	X New repo	ort Amends rep	port filed on	M = M / D = D /	Y
Full Name of Payee AFT Solidarity 527			D	ate of Public Distribution/[	Y Y Y Y Y
Mailing Address 555 New Jersey Ave. N.W.			A	09 06 nount	2014
City	State	Zip Code	— I		164.40
Washington	DC	20001		ansaction ID : D536431 ate of Disbursement or O	
Purpose of Expenditure InKind Staff		Category/ Type 00	1	09 / 06	2014
Name of Federal Candidate		Support	Office S	ught: House [	District:
Gary Peters		Oppose	Pr	esident Senate	State: MI
Calendar Year-To-Date Per Election for Office Sought		10664.26	Disburse 2014	ment For:  Primary  Other (specify) ▶	General
Full Name of Payee			С	ate of Public Distribution/l	Dissemination
AFL-CIO				09 / 06 /	2014
Mailing Address 815 - 16th Street, NW			Δ	mount	
				TOUR.	
<b>l</b> '	State	Zip Code			22.38
	DC	20006		nsaction ID : D536448 ate of Disbursement or O	bligation
Purpose of Expenditure Walk Packets		Category/ Type 004	4	09 / 06	2014
Name of Federal Candidate		X Support	Office S	ought: House I	District:
Gary Peters		Oppose	Pi	esident Senate	State: MI
Calendar Year-To-Date Per Election for Office Sought		10664.26	Disburse 2014	ment For: Primary  Other (specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expenditures			····· <b>•</b>		186.78
(b) SUBTOTAL of Unitemized Independent Expenditure	es		···· •	7 7	
(c) TOTAL Independent Expenditures			···· •		-
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized				
Ms. Elizabeth H Shuler	[Electroni	<i>[cally Filed]</i>	ate 09	17 2014	
Signature					

Schedule E)			PAGE 22 OF 42 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Workers' Voice	C C00484287						
Check if 24-hour report X 48-hour r	eport New rep	ort Amends repo	rt filed on				
Full Name of Payee Retail, Wholesale and Depa	rtment Store Union	n	Date of Public Distribution/Dissemination				
Mailing Address 30 E29th St.			09 08 2014  Amount				
City	State	Zip Code	64.32				
New York	NY	10016	Transaction ID : D536721 Date of Disbursement or Obligation				
Purpose of Expenditure InKind Staff		Category/ Type 001	09				
Name of Federal Candidate		X Support	Office Sought: House District:				
Gary Peters		Oppose	President Senate State: MI				
Calendar Year-To-Date Per Election for Office Sought	,	10664.26	Disbursement For:  Primary  General  2014  Other (specify) ▶				
Full Name of Payee UFCW Int'l Union Working Fa	milies Advocacy Pro	pject	Date of Public Distribution/Dissemination  09  08  09  08				
Mailing Address 1775 K Street, NW			Amount				
City	State	Zip Code	330.89				
Washington	DC	20006-1598	Transaction ID : D536726  Date of Disbursement or Obligation				
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 08 / 2014				
Name of Federal Candidate		X Support	Office Sought: House District:				
Gary Peters		Oppose	President Senate State: MI				
Calendar Year-To-Date Per Election for Office Sought	,,,,,	10664.26	Disbursement For:  Primary  General  General  Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent I	Expenditures		395.21				
(b) SUBTOTAL of Unitemized Independen	nt Expenditures						
(c) TOTAL Independent Expenditures			<b>&gt;</b>				
with, or at the request or suggestion of, a	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	09 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				

NAME OF COMMITTEE (In Full) Workers' Voice	ATION NUMBER W
VVOIKEIS VOICE	ATION NOWIDETT V
C C0048428	87
Check if 24-hour report	/ Y Y Y Y Y
Full Name of Payee AFT Solidarity 527	tion/Dissemination
Mailing Address 555 New Jersey Ave. N.W.  Amount	2014
City State Zip Code  Washington DC 20001 Transaction ID: D5367	
Purpose of Expenditure InKind Staff  Category/ Type  O01  Date of Disbursement	or Obligation  / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought: House	District:
Gary Peters Oppose President Senate	•
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Prim 2014 □ Other (specify) ▶	nary X General
Full Name of Payee AFL-CIO	/ Y = Y = Y = Y
Mailing Address 815 - 16th Street, NW  Amount	2014
City State Zip Code	15.22
Washington DC 20006 Transaction ID : D5367: Date of Disbursement	31
Purpose of Expenditure Walk Packets  Category/ Type  004  09  08	2014
Name of Federal Candidate Support Office Sought: House	District:
Gary Peters Oppose President Senate	
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Prim 2014  Other (specify) ▶	nary X General
(a) SUBTOTAL of Itemized Independent Expenditures	56.32
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 1 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, cons with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entiparty committee) any political party committee or its agent.	
CT ( ) 11 TO 1 12	2014

Scł	hedule E)	I EXI END	1101120		PAGE 24 OF 42 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	orkers' Voice	C C00484287			
Che	eck if 24-hour report X 48-hour report	New repo	port Amends rep	port filed on	M = M / D = D / Y = Y = Y
T	Full Name of Payee  Voices of the American Federation of	of Governn	ment Employee		te of Public Distribution/Dissemination
-	Mailing Address 80 F Street, NW			Am	09 08 2014 nount
ŀ	City	State	Zip Code	—— IT	47.94
	Washington	DC	20001		ansaction ID : D536740 te of Disbursement or Obligation
	Purpose of Expenditure InKind Staff		Category/ Type 00	-	09
l	Name of Federal Candidate		Support	Office Sou	ught: House District:
	Gary Peters		Oppose		sident X Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought	<del></del>	10664.26	Disbursem 2014	nent For:  Primary  General Other (specify) ►
-	Full Name of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICA  Mailing Address  1325 Massachusetts Ave. NW	AL ACTION COMMI	ITTEE (AKA NATCA PAC)		te of Public Distribution/Dissemination  109 / 09 / 2014  100 / 2014
-	City	State	Zip Code		63.46
	Washington	DC	20005		nsaction ID : D536837 te of Disbursement or Obligation
	Purpose of Expenditure InKind Staff		Category/ Type 001	1	09 / 09 / 2014
	Name of Federal Candidate		X Support	Office Sou	ught: House District:
	Gary Peters		Oppose	Pres	sident State: MI
	Calendar Year-To-Date Per Election for Office Sought	7 7	10664.26	Disbursem 2014	nent For:
(6	a) SUBTOTAL of Itemized Independent Expenditures	;S		···· <b>\</b>	111.40
(I	b) SUBTOTAL of Unitemized Independent Expenditu	ures		···· •	
(0	c) TOTAL Independent Expenditures			····· <b></b>	
W	Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	ite or authorized			
	Ms. Elizabeth H Shuler	[Electron	nically Filed] Da	ate 09	/ 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

Schedule E)	LINDITOTILO	PAGE 25 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report	New report Amends report fil	ed on M / D D / Y Y Y Y Y
Full Name of Payee Voices of the American Federation of Go	overnment Employees	Date of Public Distribution/Dissemination
Mailing Address 80 F Street, NW		09 09 2014 Amount
City State	Zip Code	23.97
Washington DC	20001	Transaction ID : D536840  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09
Name of Federal Candidate	Support Off	ice Sought: House District:
Gary Peters	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	10664.26 Dis	sbursement For: Primary X General  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
AFL-CIO		09 09 1 2014
Mailing Address 815 - 16th Street, NW		Amount
		Amount
City State	Zip Code	17.91
Washington DC	20006	Transaction ID: D536849  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	09 / 09 / 2014
Name of Federal Candidate	X Support Of	fice Sought: House District:
Gary Peters	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	41.88
(b) SUBTOTAL of Unitemized Independent Expenditures	······	7 7 7
(c) TOTAL Independent Expenditures	<b>&gt;</b>	
Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler	[Electronically Filed] Date	09 17 2014
Signature		

Schedule E)	DENT EXILIN	JII OII EO	PAGE 26 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	rt New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
AFT Solidarity 527			09 / 09 / 2014
Mailing Address 555 New Jersey Ave. N.W.			Amount
City	State	Zip Code	82.20
Washington	DC	20001	Transaction ID : D536865  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 09 / 2014
Name of Federal Candidate		X Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, , ,	10664.26	Disbursement For:  Primary  General 2014  Gther (specify) ▶
Full Name of Payee		. ,	Date of Public Distribution/Dissemination
UFCW Int'l Union Working Famili	es Advocacy Pi	roject	09 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1775 K Street, NW			Amount
City	State	Zip Code	242.99
Washington	DC	20006-1598	Transaction ID : D536868  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 09 / 2014
Name of Federal Candidate		X Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10664.26	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		• 325.19
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		· •
(c) TOTAL Independent Expenditures			·
	andidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	9 09 17 2014

Schedule E)	PAGE 27 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends re	eport filed on
Full Name of Payee Michigan State AFL-CIO General Fund	Date of Public Distribution/Dissemination
Mailing Address 419 Washington Square, S. #200	09 09 2014  Amount
City State Zip Code	40.21
Lansing MI 48933	Transaction ID : D536873  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type 0	01 09 09 7 2014
Name of Federal Candidate Support	t Office Sought: House District:
Gary Peters Oppose	
Calendar Year-To-Date Per Election for Office Sought 10664.26	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee AFT Michigan General Fund	Date of Public Distribution/Dissemination
Mailing Address 2342 Industrial St.	09 09 2014 Amount
City State Zip Code Grayling MI 49738	Transaction ID : D536874 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 00	01 09 09 2014
Name of Federal Candidate Suppor	t Office Sought: House District:
Gary Peters Oppose	
Calendar Year-To-Date Per Election for Office Sought  10664.26	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	148.41
(b) SUBTOTAL of Unitemized Independent Expenditures	
(2)	- Agr
(c) TOTAL Independent Expenditures	······ <b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent.	
	Date 09 17 2014
Signature	

Schedule E)	ENDENT EXICIO		PAGE FOR S	E 28 OF 42 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIF	ICATION NUMBER ▼
Workers' Voice			C C0048	4287
Check if 24-hour report X 48-hour	report New rep	ort Amends repo	t filed on	D / Y = Y = Y = Y
Full Name of Payee Retail, Wholesale and Depa	artment Store Union	า	Date of Public Distril	D / Y Y Y Y Y
Mailing Address 30 E29th St.			Amount 09	9 2014
City	State	Zip Code		42.77
New York	NY	10016	Transaction ID : D5: Date of Disbursemen	36876
Purpose of Expenditure InKind Staff		Category/ Type 001	M = M / D =	
Name of Federal Candidate		Support	Office Sought: Hou	ise District:
Gary Peters		Oppose	President Sen	
Calendar Year-To-Date Per Election for Office Sought		10664.26	Disbursement For: P 2014 Other (specify)	rimary X General
Full Name of Payee Voices of the American Feder	ration of Governmen	t Employees		bution/Dissemination 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 80 F Street, NW			Amount	
City	State	Zip Code		47.94
Washington	DC	20001	Transaction ID : D53 Date of Disbursement	
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 10	
Name of Federal Candidate		Support	Office Sought: Hou	use District:
Gary Peters		Oppose	President X Sen	nate State: MI
Calendar Year-To-Date Per Election for Office Sought		10664.26	Disbursement For: P 2014 Other (specify)	Primary X General
(a) SUBTOTAL of Itemized Independent	Expenditures		<b>.</b>	90.71
(b) SUBTOTAL of Unitemized Independe	nt Expenditures		<b>&gt;</b>	T 1 1 T 1
(c) TOTAL Independent Expenditures			·	4
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	iny candidate or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	09 / 17	2014

Schedule E)	iLO	PAGE 29 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC	DENTIFICATION NUMBER ▼
Workers' Voice	C	C00484287
Check if 24-hour report X 48-hour report New report	Amends report filed on	/ D = D / Y = Y = Y
Full Name of Payee	Date of Pu	ublic Distribution/Dissemination
AFL-CIO	09	/ 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW	Amount	
City State Zip C	Code	8.96
Washington DC 2000		on ID : D537031 sbursement or Obligation
Purpose of Expenditure Walk Packets  Cate	egory/ Type 004 09	10 2014
Name of Federal Candidate	Support Office Sought:	House District:
Gary Peters	Oppose President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For 2014 Other	r:
Full Name of Payee	Date of Pu	ublic Distribution/Dissemination
AFT Solidarity 527	M 09	10 / 2014
Mailing Address 555 New Jersey Ave. N.W.	Amount	
City State Zip C	Code	41.10
Washington DC 2000		n ID : D537034 isbursement or Obligation
Purpose of Expenditure InKind Staff	egory/ Type 001 09	/ 10 / Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought:	House District:
Gary Peters	Oppose President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		50.06
		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7
(c) TOTAL Independent Expenditures	······	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures repor with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically Signature]	Filed] Date 09 1	7 2014
Signature		

	· – ·	FOR SE OF FORM 24/48
	COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
vvorker	s' Voice	C C00484287
Check if	24-hour report X 48-hour report New report Amends report filed of	n
		Date of Public Distribution/Dissemination
	W Int'l Union Working Families Advocacy Project	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing	Address 1775 K Street, NW	Amount
City	State Zip Code	82.95
Washir	ngton DC 20006-1598	Transaction ID : D537037 Date of Disbursement or Obligation
Purpose InKind	e of Expenditure	09 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name o	of Federal Candidate Support Office	Sought: House District:
Gary P	otors	President State: MI
	llendar Year-To-Date r Election for Office Sought  Disburs 2014	ement For: Primary
Mich	me of Payee igan State AFL-CIO General Fund  Address 419 Washington Square, S. #200	Date of Public Distribution/Dissemination  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Miloun
City	State Zip Code	60.46
Lansin		ransaction ID : D537044 Date of Disbursement or Obligation
Purpos InKind	e of Expenditure Staff Category/ Type 001	09 / 10 / 2014
Name (	of Federal Candidate Support Office	Sought: House District:
Gary P	eters Oppose I	President State: MI
	Alendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For:  Primary
(a) SUB	TOTAL of Itemized Independent Expenditures	143.41
(b) SUB	TOTAL of Unitemized Independent Expenditures	
(c) TOTA	AL Independent Expenditures	1 1 7 1 1 7 1 1 7 1
with, or a	enalty of perjury I certify that the independent expenditures reported herein were not made the request or suggestion of, any candidate or authorized committee or agent of either, mmittee) any political party committee or its agent.	
	Ms. Elizabeth H Shuler [Electronically Filed] Date 09	17 2014
Signa	ture	

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Sc	chedule E)	I EXI EIGE	1101120		PAGE 31 OF 42 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	/orkers' Voice				C C00484287
Che	eck if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M
T	Full Name of Payee Retail, Wholesale and Department	Store Unio	n		of Public Distribution/Dissemination
	Mailing Address 30 E29th St.			Amou	09 10 2014 Int
ŀ	City	State	Zip Code	-	42.77
	New York	NY	10016		saction ID : D537046 of Disbursement or Obligation
	Purpose of Expenditure InKind Staff		Category/ Type 001		09 / 10 / 2014
Ì	Name of Federal Candidate		Support	Office Sough	nt: House District:
	Gary Peters		Oppose	Preside	ent State: MI
	Calendar Year-To-Date Per Election for Office Sought		10664.26	Disbursemen 2014 O	nt For: Primary X General Other (specify) ▶
	Full Name of Payee AFL-CIO				of Public Distribution/Dissemination
	Mailing Address 815 - 16th Street, NW			Amou	
ľ	City	State	Zip Code		7.17
	Washington	DC	20006		action ID: D537156 of Disbursement or Obligation
Ì	Purpose of Expenditure Walk Packets		Category/ Type 004		09 / 11 / 2014
Ì	Name of Federal Candidate		X Support	Office Sough	nt: House District:
	Gary Peters		Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	7 7	10664.26	Disbursemer 2014 C	nt For:  Primary
(	(a) SUBTOTAL of Itemized Independent Expenditure	es		. •	49.94
(	(b) SUBTOTAL of Unitemized Independent Expendit	tures		· ·	
(	(c) TOTAL Independent Expenditures			· ·	7 7 4
٧	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	Ms. Elizabeth H Shuler	[Electroi	nically Filed] Date	e 09	17 2014
	Signature				

Schedule E)	DENT EXTEN	SHORLS	PAGE 32 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour repor	rt New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
AFT Solidarity 527			09 11 2014
Mailing Address 555 New Jersey Ave. N.W.			Amount
City	State	Zip Code	164.40
Washington	DC	20001	Transaction ID : D537167  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 11 / 2014
Name of Federal Candidate		X Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, , , ,	10664.26	Disbursement For: Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee	A -l D	:	Date of Public Distribution/Dissemination
UFCW Int'l Union Working Famili	es Advocacy Pi	roject	09 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1775 K Street, NW			Amount
City	State	Zip Code	39.80
Washington	DC	20006-1598	Transaction ID : D537168  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 11 / 2014
Name of Federal Candidate		X Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10664.26	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		204.20
			7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	09 17 2014

	,	FOR SE OF FORM 24/48
	OF COMMITTEE (In Full) Kers' Voice	FEC IDENTIFICATION NUMBER ▼
VVOIT	veis voice	C C00484287
Check i	24-hour report X 48-hour report New report Amends report file	ed on Mam / Dad / Yayayay
	Name of Payee	Date of Public Distribution/Dissemination
IVI	ichigan State AFL-CIO General Fund	09 11 2014
Mai	ing Address 419 Washington Square, S. #200	Amount
City	State Zip Code	60.46
	nsing MI 48933	Transaction ID : D537173  Date of Disbursement or Obligation
	cose of Expenditure ind Staff Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nar	ne of Federal Candidate Support Off	ice Sought: House District:
Ga	ry Peters Oppose	President Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought  Dis 202	bursement For: Primary General  Other (specify)   Other
R	Name of Payee etail, Wholesale and Department Store Union	Date of Public Distribution/Dissemination
Ma	ling Address 30 E29th St.	Amount
City	State Zip Code	64.32
Ne	w York NY 10016	Transaction ID : D537179  Date of Disbursement or Obligation
	pose of Expenditure Kind Staff  Category/ Type  001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		rice Sought: House District:
Ga	ry Peters Oppose	President Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought  Dis 20	sbursement For: Primary X General 14 Other (specify) ▶
(a) \$	SUBTOTAL of Itemized Independent Expenditures	124.78
(b) \$	SUBTOTAL of Unitemized Independent Expenditures	
(c) T	OTAL Independent Expenditures	
with,	r penalty of perjury I certify that the independent expenditures reported herein were not or at the request or suggestion of, any candidate or authorized committee or agent of eith committee) any political party committee or its agent.	
_	Ms. Elizabeth H Shuler [Electronically Filed] Date	09 17 2014
3	graduro —	

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Schedule E)	I EXI END	TOTILO		PAGE 34 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
EGT Printing Solutions, LLC				09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 32031 Townley			Amour	nt
City	State	Zip Code	— L.	2391.34
Madison Heights	MI	48071		action ID : D536997  f Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004		09 12 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:
Gary Peters		Oppose	Preside	nt Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, , ,	10664.26	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	of Public Distribution/Dissemination
EGT Printing Solutions, LLC				09 12 / Y Y Y Y Y Y
Mailing Address 32031 Townley			Amour	nt
City	State	Zip Code		1580.97
Madison Heights	MI	48071		ction ID : D536998 of Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004		09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought	t: House District:
Gary Peters		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	10664.26	Disbursement 2014 Ot	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	S			3972.31
, , , , , , , , , , , , , , , , , , , ,				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	09 -	17 2014
Signature				

Sche	edule E)	I EXI END			PAGE 35 OF 42 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	rkers' Voice				C C00484287
Check	c if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	ull Name of Payee Voices of the American Federation (	of Governn	nent Employees		e of Public Distribution/Dissemination
М	lailing Address 80 F Street, NW			Amo	09 12 2014 ount
С	ity	State	Zip Code	— r	47.94
-	Vashington	DC	20001		nsaction ID : D537297 of Disbursement or Obligation
	urpose of Expenditure nKind Staff		Category/ Type 001		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	ame of Federal Candidate		X Support	Office Soug	ght: House District:
G	Gary Peters		Oppose	Presi	
	Calendar Year-To-Date Per Election for Office Sought		10664.26	Disburseme	ent For:  Primary
	ull Name of Payee AFL-CIO			Date	e of Public Distribution/Dissemination
IV	failing Address 815 - 16th Street, NW			Amo	punt
С	ity	State	Zip Code		15.66
	Nashington	DC	20006		saction ID: D537304 e of Disbursement or Obligation
	urpose of Expenditure Walk Packets		Category/ Type 004		09 / 12 / 2014
-	lame of Federal Candidate		X Support	Office Soug	ght: House District:
(	Sary Peters		Oppose	Presi	ident Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought	, , ,	10664.26	Disburseme 2014	ent For:  Primary
(a)	SUBTOTAL of Itemized Independent Expenditure	98			63.60
(b)	SUBTOTAL of Uniternized Independent Expenditu	ures		· • [	
(c)	TOTAL Independent Expenditures			·· •	
with	der penalty of perjury I certify that the independe h, or at the request or suggestion of, any candidate ty committee) any political party committee or its	te or authorized			
	Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	e 09	17 2014
	Signature				

Scł	nedule E)	EXI END	1101120		PAGE 36 OF 42 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	orkers' Voice				C C00484287
Che	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee AFT Solidarity 527				of Public Distribution/Dissemination
	Mailing Address 555 New Jersey Ave. N.W.			Amou	09 12 2014 unt
-	City	State	Zip Code	$ \Gamma$	123.30
	Washington	DC	20001		saction ID : D537316 of Disbursement or Obligation
	Purpose of Expenditure InKind Staff		Category/ Type 001		09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Sough	ht: House District:
	Gary Peters		Oppose	Preside	dent Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought		10664.26	Disbursemen 2014	nt For: Primary X General  Other (specify) ▶
-	Mailing Address 1775 K Street, NW	vocacy Pro	ject 	Amou	09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
F	City	State	Zip Code		275.01
	Washington	DC	20006-1598		of Disbursement or Obligation
	Purpose of Expenditure InKind Staff		Category/ Type 001		M 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		X Support	Office Sough	ht: House District:
	Gary Peters		Oppose	Presid	dent Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought		10664.26	Disbursemer 2014	ont For: Primary General  Other (specify)
(a	a) SUBTOTAL of Itemized Independent Expenditures.	i		•	398.31
(k	b) SUBTOTAL of Unitemized Independent Expenditur	res		· •	171171171
(0	c) TOTAL Independent Expenditures			· [	171171171
W	Inder penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	e or authorized			
	Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	e 09	17 2014
	Signature				

, , , , , , , , , , , , , , , , , , ,				FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) Workers' Voice			<u> </u>	FEC IDENTIFICATION NUMBER ▼	
vvoikeis voice				C C00484287	
Check if 24-hour report X 48-hour rep	ort New rep	ort Amends repo		M M / D D / Y Y Y Y Y	
Full Name of Payee	mont Store Unio		Date	of Public Distribution/Dissemination	
Retail, Wholesale and Depart	nent Store Unior	ı		09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 30 E29th St.			Amou	ınt	
City	State	Zip Code		64.32	
New York	NY 10016			Transaction ID : D537328  Date of Disbursement or Obligation	
Purpose of Expenditure InKind Staff		Category/ Type 001		09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		X Support	Office Sough	nt: House District:	
Gary Peters		Oppose	Presid	ent Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		10664.26	Disbursemer 2014	nt For: Primary ⊠ General  Other (specify) ▶	
Full Name of Payee Retail, Wholesale and Departme	ent Store Union			of Public Distribution/Dissemination	
Mailing Address 30 E29th St.			Amou		
City	State	Zip Code		21.38	
New York	NY	10016		action ID : D537411 of Disbursement or Obligation	
Purpose of Expenditure InKind Staff		Category/ Type 001		09 / 13 / 2014	
Name of Federal Candidate		Support	Office Sough	ht: House District:	
Gary Peters		Oppose	Presid	lent Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought	, ,	10664.26	Disbursemer 2014	nt For:	
(a) SUBTOTAL of Itemized Independent Exp	penditures		<b>•</b>	85.70	
(b) SUBTOTAL of Unitemized Independent 6	Expenditures		· •		
(c) TOTAL Independent Expenditures	<u>.</u>		· -	7 7 7	
Under penalty of perjury I certify that the in- with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized				
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	09	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature					

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ooneddie Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
UFCW Int'l Union Working Families Advocacy Project	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1775 K Street, NW	ount
City State Zip Code	194.87
Washington DC 20006-1598 Tran	nsaction ID : D537425 e of Disbursement or Obligation
Purpose of Expenditure	09 / 13 / 2014
Name of Federal Candidate Support Office Soug	ght: House District:
Gary Peters Oppose President	
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For: Primary
	e of Public Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.	09 13 2014 ount
City State Zip Code	173.95
	saction ID : D537428 e of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type	09 / 13 / 2014
Name of Federal Candidate Support Office Sough	ght: House District:
Gary Peters Oppose Presi	ident State: MI
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	368.82
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Schedule E)	BITOTILO	PAGE 39 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New re	eport Amends report f	iled on D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
AFL-CIO		09 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW		Amount
City State	Zip Code	22.22
Washington DC	20006	Transaction ID : D537446  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type	09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support O	ffice Sought: House District:
Gary Peters	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
United Steelworkers of America Political Action F	Fund	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Political Action Fund Voluntary Ac		Amount
5 Gateway Center		
City State	Zip Code	405.96
Pittsburgh PA	15222	Transaction ID : D537491  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / D D / Y Y Y Y Y Y
Name of Federal Candidate	X Support O	Office Sought: House District:
Gary Peters	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		isbursement For:  Primary  General 014  Other (specify) ▶
·	·	
(a) SUBTOTAL of Itemized Independent Expenditures	······	428.18
(b) SUBTOTAL of Uniternized Independent Expenditures		
(c) TOTAL Independent Expenditures	·······	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler  [Electronic Signature]	onically Filed] Date	09 17 2014
Oignaturo		

Schedule E)	THE PROPERTY OF THE PROPERTY O	PAGE 40 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report	New report Amends report fil	ed on Man / Dab / Yayayay
Full Name of Payee United Steelworkers of America Politica	l Action Fund	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Political Action Fund Voluntary Ac		09 15 2014 Amount
5 Gateway Center	- 7:- Codo	145.00
City State Pittsburgh PA	r	Transaction ID : D538467
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation  09 15 2014
Name of Federal Candidate	Support Off	fice Sought: House District:
Gary Peters	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	10664.26 Dis	sbursement For:  Primary
Full Name of Payee AFSCME Special Account  Mailing Address 1625 L Street, NW		Date of Public Distribution/Dissemination  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Stat	e Zip Code	43.53
Washington DC	•	Transaction ID: D538493 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel	Category/ Type 001	09 15 2014
Name of Federal Candidate	X Support Of	fice Sought: House District:
Gary Peters	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General 114 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		488.53
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	<b>_</b>	
Under penalty of perjury I certify that the independent ex- with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eit	
Ms. Elizabeth H Shuler	[Electronically Filed] Date	09 17 2014
Signature		

Schedule E)	on one o	PAGE 41 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New re	port Amends report fi	led on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
AFL-CIO		09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW		Amount
City State	Zip Code	11.94
Washington DC	20006	Transaction ID : D538505  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 001	09 15 / Y Y Y Y Y
Name of Federal Candidate	X Support Of	fice Sought: House District:
Gary Peters	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
AFT Solidarity 527		09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 555 New Jersey Ave. N.W.		Amount
City State	Zip Code	45.88
Washington DC	20001	Transaction ID : D538513  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support O	ffice Sought: House District:
Gary Peters	Oppose	President X Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		57.82
	ŕ	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	onically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	INDEL ENDENT EXILE			PAGE 42 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report	48-hour report New	report Amends rep	oort filed on	/ 0 0 / 7 7 7 7 7
Full Name of Payee UFCW Int'l Union W	orking Families Advoca	cy Project	М	Public Distribution/Dissemination  M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1775 K Stree	t, NW		Amount	
City	State	Zip Code		221.48
Washington	DC	20006-1598		ction ID : D538517 Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	М	09 15 2014
Name of Federal Candidate		Support	Office Sought:	House District:
Gary Peters		Oppose	Presider	NAI .
Calendar Year-To-Date Per Election for Office So	bught	10664.26	Disbursement 2014 Oth	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
			М	M / D D / Y Y Y Y
Mailing Address			Amoun	
			/ Iniodin	
City	State	Zip Code		
Dames of Francisch			Date of	f Disbursement or Obligation
Purpose of Expenditure		Category/ Type	М	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
		Oppose	Presider	nt Senate State:
Calendar Year-To-Date Per Election for Office So	pught		Disbursement	
		7	Oth	ner (specify) -
(a) SUBTOTAL of Itemized Ind	lependent Expenditures		··· •	221.48
(b) SUBTOTAL of Unitemized	Independent Expenditures		··· •	7 7 7 7
(c) TOTAL Independent Expen	ditures		··· <b>&gt;</b>	10664.26
	estion of, any candidate or autho			operation, consultation, or concert ne reporting entity is not a political
Ms. Elizabeth H Shu		ctronically Filed] Date	te 09 /	17 2014
Signature				